

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM 1-476)

APPLICANT'S

89-496824

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
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TOTAL	4					
TOTAL	43					
TOTAL	47					

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